

Atrial and Ventricular Septal Defects

The heart has four chambers: two atria and two ventricles. A wall, known as the septum, separates the two atria and the two ventricles. Congenital holes in this septum allow blood to flow (or shunt) between the right and left sides of the heart. This abnormal flow of blood causes heart enlargement and failure. If left unchecked, it can lead to permanent heart and lung damage. An atrial septal defect (ASD) is a hole in the atrial septum. It is a common congenital defect that sometimes is not diagnosed until adult life. There are three sub-types of ASDs, depending on the location of the opening:

- _ostium secundum defects midseptal location
- _sinus venosus defects high septum
- _ostium primum defects low septum

Secundum is most common. Primum defects are usually associated with other congenital heart lesions and have a poorer prognosis than the secundum or sinus venosus type defects. In general, the smaller the hole, the better the prognosis is for all sub-types. Many small ASDs do not need intervention. Moderate to large ASDs may need surgical closure, which is ideally done in childhood. If the repair is completed before pulmonary hypertension or heart enlargement has developed, the prognosis is excellent. The risk of later complications (such as irregular heart rhythms) increases with repairs beyond age 20. Ventricular septal defect (VSD) is hole in the septum between the two ventricles. It is a common congenital heart defect, too, and can occur alone or in association with other congenital heart lesions. Many VSDs (small and moderate in size) close spontaneously in childhood. Large VSDs are closed surgically to prevent complications.

If your client has had ASD or VSD, please answer the following:

1. Please list date of diagnosis:

2. Please check type of septal defect:

ASD, ostium secundum or sinus venosus
VSD, small
ASD, primum
VSD, moderate
VSD, large

3. Has surgical repair(s) been completed? If yes, please give details

4. Are any other congenital defects present?

If yes, cardiac, please give details

If yes, non cardiac, please give details

5. Please check if any of the following have occurred:
Heart enlargement
Pulmonary hypertension
Bundle branch block on ECG
Arrythmia
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6. Is your client on any medications?

If yes, please give details _____

7. Has your client smoked cigarettes or any other form of tobacco in the last 5 years? If yes, please give details _____

8. Does your client have any other major health problems (ex: cancer, etc.)? If yes, please give details



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